



Young Person aged between 7 and 8

**FOR USE IF NO CONNECTIVITY IS AVAILABLE TO USE VIEWPOINT.** Results from the paper based version will need to be entered into Viewpoint on your return to the Office using the Childs log in ID for inclusion in the Child Overview.

Young Person's Name \_\_\_\_\_ Date of completion: \_\_\_\_\_

**Safety and Permanency Questions**

Below are the Safety and Permanency questions in the Questionnaire. They are age specific and have skip rules so not every child or young person will see all the questions.

We have some voluntary questions to ask you to understand how you are going so we can help and support you. Do you want to participate? Yes  No

If you don't want to participate tick the main reason why..

	This is my main reason
I do not have enough time	<input type="checkbox"/>
I do not wish to participate- as I can't see the value in it for me	<input type="checkbox"/>
I don't understand why I am doing this	<input type="checkbox"/>
I'm not confident with technology	<input type="checkbox"/>
I've asked to complete the questionnaire at a different time	<input type="checkbox"/>
Other reason – please specify	<input type="checkbox"/>

Hi, thanks for joining us to answer some questions about how you are going. We want to make sure you get the help and support you need. To do this we need to hear from you. If you don't understand a word or question click the **i** button or ask your caseworker. There are no right or wrong answers. Are you ready? Let's go....

**1. Do you feel cared for where you live now?**

Yes, completely	Just About	Not Really	Not at all	Pass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. What would you need to change for you to feel more cared for? (Free text)**

**3. Do you feel safe where you live now?**

Yes, completely	Just About	Not Really	Not at all	Pass
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. What would you need to change for you to feel safer? (Free text)**

Question continue on the following pages ...



**5. Are there any responsible adults you could turn to if you were having problems?**

Yes  No

**6. If yes, how many adults could you turn to?**

One  More than one

Thank you for your time answering the questions. You have now come to the end of the section that talks about your sense of safety and permanency.

Is there anything you want to tell your caseworker or someone about what you are thinking or feeling?

**7. My birth mum's culture is:**

Aboriginal or Torres Strait Islander	Multicultural, for example, African, Vietnamese, Maori	Neither	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. My birth dad's culture is:**

Aboriginal or Torres Strait Islander	Multicultural, for example, African, Vietnamese, Maori	Neither	I don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Were you asked about things important to you?**

Yes, definitely	Yes, mostly	Not Really	Not at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your help**